

**Miami-Dade County**  
**Living Wage Employer Certification**

(This certification must be included with every invoice.)

Employer:	Date:
Address:	
Phone Number:	Local Contact:
Project Number:	Contract Amount:
Department Served:	
Brief Description of Service Provided:	
<p><u>Please check one:</u></p> <p>By signing below I hereby certify that the employees listed below</p> <p><input type="checkbox"/> Receive a minimum pay of \$_____ per hour and are provided health benefits valued at \$_____ per hour.</p> <p><input type="checkbox"/> Receive a minimum pay of \$_____ per hour and are not provided health benefits.</p>	

Names and Social Security Numbers of Employees that provided service for this requisition period.


Name and Title	Signature
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